

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Nurse-Midwives Midwives-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

☐Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

6374

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00358812

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michelle Ann Harris

Signature of Treasurer

Electronically Filed by Michelle Ann Harris

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 9

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

M M
1 0D D
1 4Y Y Y Y
2 0 1 0

To:

M M
1 1D D
2 2Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		28494.67
(b) Cash on Hand at Beginning of Reporting Period	44434.61	
(c) Total Receipts (from Line 19)	2730.25	41500.73
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47164.86	69995.40
7. Total Disbursements (from Line 31)	35245.77	58076.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11919.09	11919.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 9

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	3830.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	2730.25	37670.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2730.25	41500.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2730.25	41500.73
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2730.25	41500.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2730.25	41500.73

DETAILED SUMMARY PAGE

of Disbursements

4 / 9

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	21245.77	44076.31	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	21245.77	44076.31	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35245.77	58076.31	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35245.77	58076.31	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 9

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2730.25	41500.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2730.25	41500.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21245.77	44076.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21245.77	44076.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

People For Patty Murray

Mailing Address PO Box 3662

City
SeattleState
WAZip Code
98124Purpose of Disbursement
ContributionCandidate Name
Sen. Patty Murray011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 32523257

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
SpringfieldState
MAZip Code
01108Purpose of Disbursement
ContributionCandidate Name
Rep. Richard Neal011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 32523338

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends of Blanche Lincoln

Mailing Address P.O. Box 3197

City
Little RockState
ARZip Code
72203Purpose of Disbursement
ContributionCandidate Name
Sen. Blanche Lincoln011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 32523340

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement
Contribution

Candidate Name
Rep. Allyson Y. Schwartz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 32523347

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends of Lois Capps

Mailing Address P.O. Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement
Contribution

Candidate Name
Lois G. Capps

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 32523531

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address PO Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 32523734

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 9

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A. Full Name (Last, First, Middle Initial)
Pete Stark Re-election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contribution

Candidate Name
Rep. Fortney Pete Stark

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32523741

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Blumenauer

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32523742

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends of Barbara Boxer

Mailing Address PO Box 411176

City State Zip Code
Los Angeles CA 90041

Purpose of Disbursement
Contribution

Candidate Name
Sen. Barbara Boxer

Office Sought: ☐ House
☒ Senate
☐ President

State: CA District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32523745

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

14000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

Political Action Committee Services LLC

Mailing Address 5708 Kirby Road

City
Clinton

State
MD

Zip Code
20735

Purpose of Disbursement
PAC Administrative Services

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32597941

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

21093.41

PAC Administrative Services

B.

Full Name (Last, First, Middle Initial)

BankCard Credit Card Processing

Mailing Address P.O. Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32647706

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

84.51

Credit card processing fees

C.

Full Name (Last, First, Middle Initial)

Paypal Inc.

Mailing Address 4100 Solutions Center
#774100

City
Chicago

State
IL

Zip Code
60677

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32647708

Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

59.95

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

21237.87

TOTAL This Period (last page this line number only)

21237.87